

**State Well Report**  
**Part I - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: C 32  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: TIPPAH  
 Permit #: 057 LIL 12  
 Driller: CANCE JEVET  
 Date drilling completed: 5-1-08

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

|   |   |
|---|---|
| <p><b>Information on Well Owner</b><br/>         (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Jim Sugar</u><br/>         Mailing Address: <u>2370 CAMPBELL ROAD</u><br/> <u>CR 373</u><br/> <u>WALNUT MS 38683</u><br/>         City State Zip Code<br/>         Telephone No. <u>(662) 223-6372</u></p> | <p><b>Well or Borehole Location</b></p> <p>Latitude: <u>N 34.5°</u> Longitude: <u>W 89°</u><br/>         Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>, Survey-grade GPS<br/> <u>1/4</u> <u>1/4</u> Sec <u>5</u> Twp <u>25</u> Rng <u>3E</u><br/>         Distance <u>6</u> Miles Direction <u>W</u> of Nearest Town <u>WALNUT</u></p> |
|---|---|

**Well / Borehole Data**

Date drilling started: 5-1-08 Date drilling completed: 5-1-08 Hole depth: 100' Hole diameter: 4"  
 Location of the source of any surface water used for drilling: PUBLIC SUPPLY  
 Method of dosing and volume of Chlorine used in drilling and development: 50 ppm WATER  
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_  
*If drilling is not related to water well construction, skip the remainder of this block*

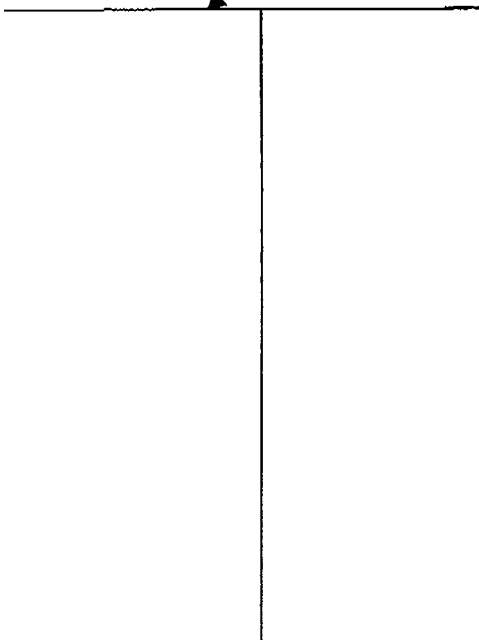
Purpose of Well (check one): Home  Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 40 feet above or below (circle one) land surface Date measured: 5-1-08  
 Method of Measurement (circle one) steel tape electric tape air line other: PVC PIPE  
 Well depth: 100' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC  
 Screen slot size: .010 inches Setting depth: From 90 feet to 100 feet  
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_  
 Top of lap pipe or reduction in casing: NA feet. *If telescoped or more than one screen, describe on next page*

C-32

The sketch below only required for water wells

If well telescopes, show depths on sketch

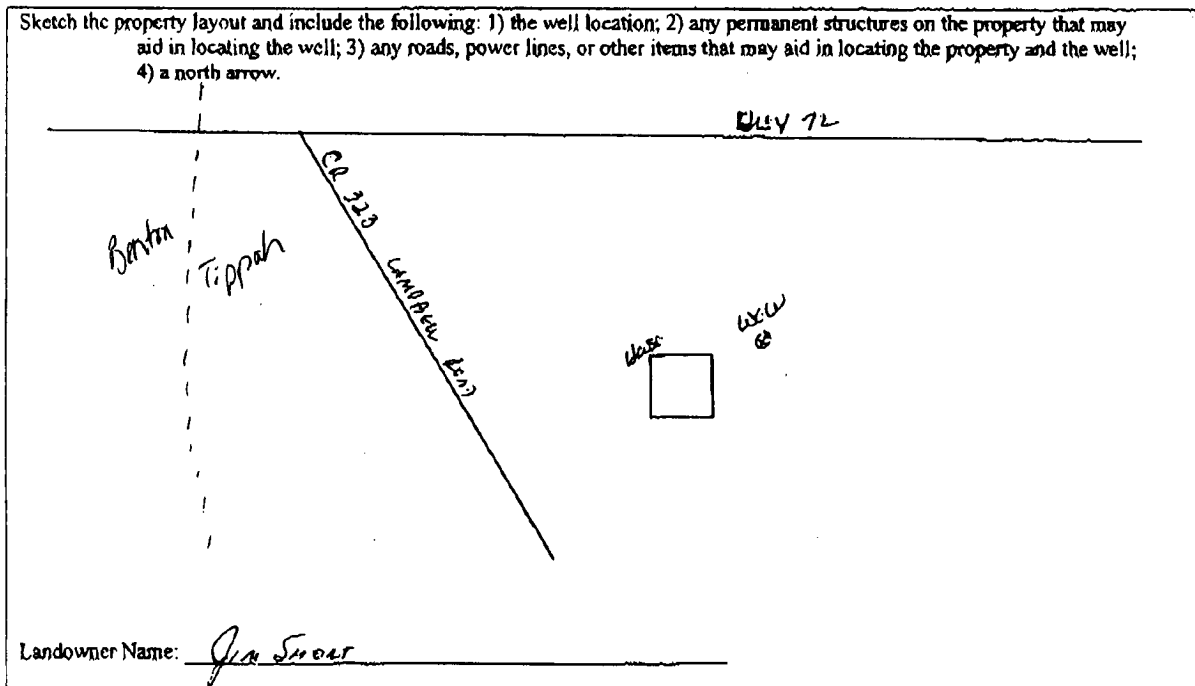
Ground Level 



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Ground Level                          | Ground Level | 20         |
| SAND                                  | 20           | 40         |
| WHITE CLAY                            | 40           | 60         |
| WHITE SAND                            | 60           | 75         |
| BLACK CLAY                            | 75           | 100        |
|                                       |              |            |
|                                       |              |            |
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|                                       |              |            |
|                                       |              |            |

If more than one screen, show location of each on sketch




Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. Rodney Wilson

Date 5-19-08

Signature of Licensee 

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: TIPAH  
 Permit #: 665 Lic "  
 Driller: CANCE FOYEL  
 Date completed: 5-1-08  
 Copy information from block on Part 1

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: C-32  
 Elevation: \_\_\_\_\_

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

| Well Owner Information                     | Well Location  |
|--|--|
| Owner Name: <u>John Snow</u>               | Latitude: <u>34.944017</u> Longitude: <u>-89.003815</u>                                  |
| Mailing Address: <u>2970 CAMPBELL ROAD</u> | Method of Locating (check one): Conventional Survey _____                                |
| <u>CL 323</u>                              | USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| <u>WALWORTH MS 38683</u>                   | _____ 1/4 _____ 1/4 Sec. <u>5</u> T <u>25</u> R <u>3E</u>                                |
| City State Zip Code                        | Distance Direction Nearest Town  |
| Telephone No. (662) <u>223-6372</u>        | <u>2</u> Miles <u>5</u> of Hwy <u>72</u>   |
|  | <u>6</u> <u>W</u> <u>WALWORTH</u>  |

| Pump Type<br>Circle one                                   | Power Type<br>Circle one   |
|---|--|
| Air Lift Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas                        |
| Bucket Piston Turbine                                     | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well                           | Windmill Other (specify): _____                                  |
| Other (specify): _____                                    | Horse Power Rating of Motor: <u>1 HP</u>                         |
| Date Pump Installed: <u>5-1-08</u>                        | Setting Depth: <u>80</u> feet                                    |
| Rated Pump Capacity: <u>12-14</u> Gallons Per Minute      | Number of Stages: <u>14</u>                                      |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                     |
|--|---|
| Date Well Tested: <u>5-1-08</u>                            | Air Line Electric Measuring Line Steel Tape                                       |
| Static Water Level (A): <u>40</u> Feet Below Land Surface  | Other (specify): <u>PVC Pipe</u>  |
| Pumping Water Level (B): <u>80</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                               |
| Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface    | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>12-14</u> Gallons Per Minute         |   |
| Duration of Pump Test (minimum 4 hours): _____ hours       |   |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Rolando Wilson 0-48 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer